



The cancer burden in Africa

Cancer is currently responsible for more than 7 million deaths per year worldwide, more than malaria, tuberculosis and HIV/AIDS combined. There are more than 600 000 deaths annually in Africa from cancer. In the developing world, the number of new cancer cases will increase significantly over the next 10 years. By 2020 there are expected to be 15 million new cases of cancer every year, 70% of which will be in developing countries, where governments are least prepared to address the growing cancer burden and where survival rates are often less than half those in more developed countries. African countries will account for over a million new cancer cases a year and they are the least able of all developing countries to cope, having fewest cancer care services.

Currently the world is focused on controlling the spread of HIV, TB and malaria, which are all acknowledged to be major killers in the developing world. Huge sums of money are currently available to help combat these diseases. Cancer is set to become the newest epidemic in the developing world, claiming a vast number of lives, and there is currently limited funding available to tackle this disease. Raising awareness of this looming epidemic in Africa is the first step. If we take concerted action now, we can prevent another tragedy.

A meeting on Cancer Control in Africa was held on 10 - 11 May 2007 in London to raise awareness of the growing cancer epidemic in Africa and to determine how best to deliver comprehensive cancer care to Africa. A new organisation (AfrOx) set up by Professor D Kerr, Oxford University, organised the meeting.

Over 130 delegates attended the meeting, which was held in London's Reform Club. Twenty African countries (Benin, Botswana, Burkina Faso, Cameroon, Cape Verde, Egypt, Gabon, The Gambia, Ghana, Lesotho, Libya, Malawi, Mauritius, Morocco, Mozambique, Nigeria, Rwanda, Sierra Leone, South Africa and Zambia) and the Yemen were represented at the meeting by their Ministers of Health, their representatives, or their leading oncologists. In addition, representatives from major national and international health care and cancer-related charities and organisations including representatives of the pharmaceutical industry, the World Health Organization, the World Bank, the International Agency for Research on Cancer (IARC) and the African Development Bank, members of the UK parliament, African doctors and health care workers attended the meeting, together with leading oncologists from the RSA, UK, USA, France, Netherlands, Ireland, Sweden, Norway and India.

The aims of the meeting were to: (i) determine the degree of priority cancer is afforded in national programmes in Africa; (ii) determine the most affordable and effective components of cancer control; (iii) decide on a clear implementation strategy

for bringing these programmes to African countries; (iv) design mentorship and training programmes for African health care workers and scientists, and engage the support of Oxford University and the international cancer care community to run these programmes; and (v) identify a strategy to raise the necessary funds to enable implementation of the cancer control programmes.

The African health ministers and their representatives who presented at the meeting stated unanimously that they recognise the explosion in cancer incidence and would welcome the support of the international oncology community in tackling the growing cancer epidemic, but that in order to deliver comprehensive cancer control to Africa effectively we must integrate with existing programmes that are tackling AIDS, malaria and TB.

This is the first collective and definitive statement by a representative cross-section of African health ministries of the urgent need to initiate cancer control programmes. It lays to rest the myth that the only health priorities in Africa are those related to infectious diseases and that care of chronic diseases is best integrated with existing programmes.

In Africa, it is thought that up to a third of cancer deaths are potentially preventable. In 2002 in sub-Saharan Africa, there were more than half a million cancer deaths, of which almost 40% can be explained by chronic infection and tobacco usage. Chronic infection with the hepatitis virus increases the risk of liver cancer, infection with HIV increases the risk of Kaposi's sarcoma, and chronic infection with certain types of human papillomavirus increases the risk of cervical cancer. Today we have vaccines to protect against hepatitis B and human papillomavirus infection, but they are not available in the countries that need them most. Tobacco use is the most preventable cause of death. Unless we see concerted action to establish cancer prevention programmes (vaccination, anti-smoking measures, etc.) to reduce the number of cancer cases, the limited treatment facilities that exist in the majority of African countries will be completely overwhelmed by an ever-expanding cancer burden.

Lack of resources and basic infrastructure mean that most Africans have no access to cancer screening, early diagnosis, treatment or palliative care. While there have been some improvements in recent years (in 1991 there were 63 radiotherapy machines and currently there are over 200), radiotherapy is available in only 21 of Africa's 53 countries, reaching less than 5% of the population, and consequently patients are denied a treatment that can be life-saving and significantly improve cancer pain.

Some of the startling findings at the London meeting included: (i) cancer sufferers, when diagnosed, face



stigmatisation in many African countries; (ii) a diagnosis of cancer is equated with an inescapable and painful death; and (iii) the majority of attending nations have no elements of a cancer plan.

The main output from the meeting was the London Declaration on Cancer Control in Africa (see www.afrox.org), a document that aims to raise awareness of the magnitude of the cancer burden in Africa and to call for immediate action to bring comprehensive cancer care to African countries.

It builds on the World Health Assembly Resolution on Cancer Prevention and Control (2005) and on previous declarations from the International Atomic Energy Agency (Cape Town Declaration on Cancer Control in Africa, December 2006) and the International Union Against Cancer (World Cancer Declaration, July 2006).

There was complete agreement among delegates that the only way effectively to prevent, detect and treat the rising numbers of cancers in Africa is to develop broad partnerships between local health care delivery systems, research institutions, international organisations, national governments in developed and developing countries, and the pharmaceutical industry. Strong local and international leadership is essential. The relevant organisations and individuals, with funds from government and private donors, must be brought together to develop achievable and sustainable national cancer plans that are evidence based, priority driven and resource appropriate for African countries.

Delegates also agreed that the introduction of cancer care into African countries requires integration of clinical and public health systems so that they become truly comprehensive and bring together prevention, early diagnosis, treatment, palliative care and the investment needed to deliver these services in terms of trained staff, equipment, relevant drugs and information systems. However, any cancer control strategy must be guided by the needs of the country and must be resource appropriate for that country.

We believe that we have a timely opportunity to develop a sustainable model for developing comprehensive cancer care to African countries, authored by the member states and with technical, policy and financial support provided by inter-agency alliances and governments in the developed world.

Daniel A Vorobiof

*Sandton Oncology Centre
Johannesburg*

Raymond Abratt

*Groote Schuur Hospital and University of Cape Town
Cape Town*

Corresponding author: D A Vorobiof (voro@tiscali.co.za, voro@global.co.za)

Key reading

Editorial. Cancer treatment: not just a question of costs. *Lancet* 2007; 369: 1665.

Global Action Against Cancer. Geneva: World Health Organization and International Union against Cancer, 2005: 1-24.

Kmietowicz Z. Tackle cancer in Africa now to prevent catastrophe, say health activists. *BMJ* 2007; 334: 1022-1023.

National Institute for Health and Clinical Excellence. *Referral Guidelines for Suspect Cancer*. London: NICE, 2005. www.nice.org.uk/pdf/cg027niceguideline.pdf (last accessed 4 September 2007).